

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2787

State File No. ....

FILED FEB 20 1942  
Registration District No. ....

Primary Registration District No. 3027

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Macou  
(b) City or town Macou, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Samaritan Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME

Kate Cherry

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex Fe. 1  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years (Month) (Day) (Year)  
7. Birth date of deceased Sept. 9 1858

8. AGE: Years Months Days If less than one day  
85 4 18 hr. min.

9. Birthplace Liberty Township, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name Philip Marvel  
13. Birthplace Delaware  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Smith  
15. Birthplace Macou Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lizzie Cherry  
(b) Address Goldsberry, Missouri  
17. (a) Burial (b) Date thereof 1-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hilton Cemetery

18. (a) Signature of funeral director Albert Skanner  
(b) Address Macou, Missouri  
19. (a) 2/10/42 (b) Pratt B. Hunkler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macou 61  
(c) City or town Goldsberry 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27  
year 1942 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from December 22, 1942 to Jan. 27, 1942  
that I last saw her alive on Jan 27, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary occlusion 1 week  
Thrombosis  
Due to  
Arterio sclerosis 20 more years  
general  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 94a  
Of autopsy  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
23. Signature J. P. Ennors (M. D. or other)  
Address Macou, Mo. Date signed 1-28-42

1027

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 2-42-333

Date Filed FEB 19 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by:

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Paul D. Baller

Licensed Embalmer No. 4206

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.